EXHIBIT N

2949216011620 8

	• • •		Short Form		<u> </u>	OMB NO. 1545-1150
	00	O-EZ	Return of Organization Exempt From Income Ta	X	1	2017
Form JJU-LA			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undatio	181	
			Under section 501(c), 527, or 4947(8)(1) or the internal Nevalua Code (except private io			. 5
•			▶ Do not enter social security numbers on this form as it may be made public	C.	C	pen to Public
Don		the Treasury				Inspection
Inter	nai Revent	se Service	▶ Go to www.irs.gov/Form990EZ for instructions and the latest information			
AI	or the 2	017 calenda	ar year, or tax year beginning 1 January , 2017, and ending	31 De		
B	heck if app	licable:	C Name of organization	Employ		tification number
	Address ch	ange .	Earth Intelligence Network			8286516
- □	Name chan	ge ge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telepho	ne nun	nber ,
=	indiai retum		11005 Langton Arms Ct			1) 320-8573
	Final return Amended n	/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group		ption
	Application		Oakton, VA USA 22124	Numb	er 🕨	
_			V Casi		_	the organization is not
	Vebsite:		/earth-intelligence.net, http://unrig.net, http://phibetaiota.net re	•		ch Schedule B
JI	ax-exem		ack only one) - 1 501(c)(3) □ 501(c) () 4 (insert no.) □ 4947(a)(1) or □ 527 □ (Fi	orm 990	, 990-	EZ, or 990-PF).
K	orm of	organization	Corporation Trust Association Other Unincorporated	Assoc	iation	
L	dd lines	5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets		
(Pa	rt II, colu	ımı (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	191,260
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	istruct	ons	for Part I)
_		Check if	the organization used Schedule O to respond to any question in this Part I .		<u> </u>	🗸
_	1	Contribution	ons, gifts, grants, and similar amounts received	· • L	1	175,425
	2		ervice revenue including government fees and contracts	· • _	2	9,000
	3		nip dues and assessments RECEIVED	L	3	0
	4	Investmen		· • L	4	0
	5a	Gross amo	ount from sale of assets other that inventory 1 1 2019 · 5a		- 1	
	b	Less: cost	or other basis and sales expenses . WAT . 2010 . 1015b			
~~	c	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 51 from line 5a)	· · L	5c	
200	6		nd fundraising events OGDEN, UT	- 1	- 1	
2	а	Gross inc	come from gaming (attach Schedule G if greater than	1	- 1	
63	1	\$15,000)		0		
JIII. 2. 2018	Ь	Gross inc	ome from fundraising events (not including \$ 0 of contributions	.		
=5		from fund	raising events reported on line 1) (attach Schedule G if the	- 1	-	
=	1	sum of su	ch gross income and contributions exceeds \$15,000) 6b		1	
	C	Less: dire	ct expenses from gaming and fundraising events 6c 6c	0		
<u>w</u>	d	Net incon	ne or (loss) from gaming and fundraising everted and lines 6a and 6b and sub	tract	-1	
	1			$\cdot \cdot \mid$	6d	0
₹	7a	Gross sal	es of inventory, less returns and allowances AY 1 4 2018 7a 7a		ı	
<u>y</u>	ь		t of goods sold		- i	
99	c	Gross pro	offit or (loss) from sales of inventory (Subtract line 7b from line 7a)	$\cdot \cdot \downarrow$	7c	0
	8	Other rev	enue (describe in Schedule O) . RECENCO ENTITY DEPT	· • ļ	8	6,835
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>. ▶ </u>	9	191,260
_	10		d similar amounts paid (list in Schedule O)	$\cdot \cdot \downarrow$	10	6,152
	11	Benefits p	paid to or for members	· •]	11	0
9	12	Salaries,	other compensation, and employee benefits .		12	50,813
900000	13	Professio	nal fees and other payments to independent contractors		13	26,973
Ş	14	Occupan	cy, rent, utilities, and maintenance		14	0
ù	15		publications, postage, and shipping	·	15	4,366
	16	Other exp	penses (describe in Schedule O)	<u>ا ، ا</u>	16	97,998
	17		penses. Add lines 10 through 16	<u>.</u> ▶	17	186,302
-	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)	· }	18	4,958
•	19		ts or fund balances at beginning of year (from line 27, column (A)) (must agree	with	_	
Mad Appende	8		ear figure reported on prior year's return)	$\cdot \cdot \mid$	19	659
3	20	Other cha	anges in net assets or fund balances (explain in Schedule O)	$\cdot \cdot \mid$	20	0
3	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20	. ▶	21	5,617
F	or Paper		ction Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2017)

9-11

2		990-EZ (2017)					Page 2
3		Till Balance Sheets (see the instructions for	r Part II)				
ا ا		Check if the organization used Schedule	O to respond to an	y question in this	Partil		🗆
ال					(A) Beginning of year		(B) End of year
4	22	Cash, savings, and investments				22	
İ	- 23	Land and buildings				23	0
5	_ 24	Other assets (describe in Schedule O)				24	0
Į i	25	Total assets		· · · · ·		25 26	17× 6
6	. 26	Total liabilities (describe in Schedule O)			659		25 5,617
- II	. 27	Net assets or fund balances (line 27 of column Illi Statement of Program Service Accomp	(B) must agree with	o inetructions for E		21	3,817
7	Par	Statement of Program Service Accomp Check if the organization used Schedule	nisninents (see th	e manaction in this	Partill 🗹		Expenses
_	- Who	t is the organization's primary exempt purpose?	Education in support	of informed civic de	cision-making		purred for section
ا ۾		cribe the organization's program service accomplis					(c)(3) and 501(c)(4) inizations; optional for
8	l as r	cribe the organization's program service accomplishing the accomplishing the concise materials and concise materials and other relevant information for eactions benefited, and other relevant information for eactions.	anner, describe the	services provided	, the number of	othe	rs.)
9	28	After the President stated that "the system is rigged,"	created an educator	nal civics campaign,	#UNRIG, to		
		educate citizens on twelve election reform possibilities	s that would restore	integrity to Congres	s. Reached over		
10	į	five million people via YouTube, Facebook, Twitter, as	nd direct contact on	a 9,000 mile national	tour.	l	
10		(Grants \$ 4,902) If this amount	ncludes foreign gra	nts, check here .	<u> ▶ □</u>	28a	117,159
11	29		cate citizens on the	value and need for C	pen Source	İ	İ
11	1	Intelligence (OSINT) as a foundation for ethical transp	parent decision-maki	ng by all forms of or	ganizationWith		
- 1		multiple publications, ultimately recommended for the (Grants \$ 400) If this amount	e Nobel Peace Prize	in 2017.	▶ □	29a	59,143
12		(Grants \$ 400) If this amount Created new civics education program focused on el	includes loreign gra	ing of conservation	of a now free	200	33,143
	30	online book, Pedophelia & Empire: Satan, Sodomy, &	The Deep State by (loochim Hegonian v	iewahle at		
13		http://tinyurl.com/pedoempire. Accepted role as unp	id Commissioner in	new Commission o	Inquiry.	l	
		(Grants \$ 851) If this amount	includes foreign gra	ints, check here .	▶ 🗹	30a	10,000
14	31	Other program services (describe in Schedule O)					
17		(Grants \$ 0) If this amount	includes foreign gra	ants, check here .	▶ □	31a	
1.		Total program service expenses (add lines 28a t	hrough 31a)		<u> ▶</u>	32	
15		List of Officers, Directors, Trustees, and Key	Employees (list eacl	n one even if not com	pensated—see the	nstru	ctions for Part IV)
		Total program service expenses (add lines 28a trt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to a	n one even if not com ny question in this	pensated—see the Part IV	instru	ctions for Part IV)
15 16		rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation	pensated—see the Part IV	instru	ctions for Part IV)
		List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to an (b) Average	h one even if not com ny question in this (c) Reportable	pensated—see the Part IV	yee (e)	ctions for Part IV)
	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the Part IV	yee (e)	ctions for Part IV)
16	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
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16 17 18 19 20 21 22	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22 23	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22 23 24	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22 23	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22 23 24	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
16 17 18 19 20 21 22 23 24 25	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	yee (e)	ctions for Part IV)
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16 17 18 19 20 21 22 23 24 25	Pa	rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week "devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-271099-MISC (if not paid, enter -0-	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensate	nstru yee (e)	ctions for Part IV)

Part II	Balance Sheets (see the instructions t	for Part II)	tion in this [Court II		-
	Check if the organization used Schedule	O to respond to ar	y question in this F	'AIT II		(B) End of year
	Ourbands		 '	7	22	5,61
	Cash, savings, and investments				23	3,01
	Other assets (describe in Schedule O)		· · · · ·		24	
	Total assets		::::::::::::::::::::::		25	5,61
	Total liabilities (describe in Schedule O)				26	
	Net assets or fund balances (line 27 of column		line 21)	659	-	5,61
art III		plishments (see th	e instructions for P	art III)		
	Check if the organization used Schedule				١	Expenses
/hat is	the organization's primary exempt purpose?	Education in support	of informed civic de	cision-making		quired for section (c)(3) and 501(c)(4)
	e the organization's program service accompli				orga	enzations; optional fo
s mea	sured by expenses. In a clear and concise m	nanner, describe the	services provided	the number of	othe	ers.)
	s benefited, and other relevant information for ea				<u> </u>	
28 Aft	ter the President stated that "the system is rigged,	" created an educato	nal civics campaign,	UNRIG, to	l	
ed	lucate citizens on twelve election reform possibilit	ies that would restore	integrity to Congres	s. Reached over	1	
fiv	e million people via YouTube, Facebook, Twitter, a				l	
Œ	irants \$ 4,902) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	28a	117,15
	ontinued the previously established program to ed					}
lnt	telligence (OSINT) as a foundation for ethical trans	parent decision-maki	ng by all forms of org	panization. With	l	
m	ultiple publications, ultimately recommended for t				l	
		includes foreign gra			298	59,14
30 <u>Cr</u>	reated new civics education program focused on e	lite pedophilia, inclus	ive of sponsorship of	a new free	1	
	nline book, Pedophelia & Empire: Satan, Sodomy, &				1	ì
	tp://tinyurl.com/pedoempire. Accepted role as ung				l	
		includes foreign gra		<u> ▶ ☑</u>	30a	10,0
31 M						
	ther program services (describe in Schedule O)					. [
(G	Grants \$ 0) If this amount	includes foreign gra	nts, check here .		318	
(G 32 To	arants \$ 0) If this amount otal program service expenses (add lines 28a	includes foreign gra through 31a)	ints, check here .		32	186,30
(G 32 To	irants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list eac	nts, check here .	▶ pensated – see the	32	186,30 ections for Part IV)
(G	arants \$ 0) If this amount otal program service expenses (add lines 28a	includes foreign gra through 31a) . y Employees (list each o O to respond to a	nts, check here one even if not comp ny question in this	pensated—see the Part IV	32 instru	186,30 ctions for Part IV)
(G 32 To	irants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke	includes foreign grathrough 31a)	none even if not comp ny question in this (c) Reportable compensation	pensated—see the Part IV	32 instru	186,30 ctions for Part IV)
(G 32 To	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	through 31a)	nts, check here one even if not comp ny question in this	pensated—see the Part IV	32 instru yee (e	186,30 ctions for Part IV)
(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign grathrough 31a)	none even if not comp ny question in this (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the Part IV	32 instru yee (e	186,30 ctions for Part IV)
(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	includes foreign grathrough 31a)	none even if not comp ny question in this (e) Reportable compensation (Forms W-2/1099-MISC)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here none even if not comp y question in this (e) Reportable compensation (Forms W-2/1999-MISC) (if not paid, enter -0-)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here none even if not comp y question in this (e) Reportable compensation (Forms W-2/1999-MISC) (if not paid, enter -0-)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here none even if not comp y question in this (e) Reportable compensation (Forms W-2/1999-MISC) (if not paid, enter -0-)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
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(G 32 To Part IV	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here none even if not comp y question in this (e) Reportable compensation (Forms W-2/1999-MISC) (if not paid, enter -0-)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
(<u>G</u> 32 To	orants \$ 0) If this amount of tall program service expenses (add lines 28a V List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here none even if not comp y question in this (e) Reportable compensation (Forms W-2/1999-MISC) (if not paid, enter -0-)	Densated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensate	32 instru yee (e	186,30 ctions for Part IV)
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. Form 98	0-EZ (2017)	, ,	ا آگر
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	in the Part) V .
			Yes
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		
	detailed description of each activity in Schedule O	33	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		
	change on Schedule O (see instructions)	34	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		
30	during the year? If "Yes," complete applicable parts of Schedule N	36	
		30	
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37b	
	Did the organization file Form 1120-POL for this year?	3/6	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	احقدا	
_	1 1	38a	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on line 9		
	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		
	on organization managers or disqualified persons during the year under sections 4912,		
	4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		
	40c reimbursed by the organization		
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		_
	transaction? If "Yes," complete Form 8886-T	40e	
41	List the states with which a copy of this return is filed ▶ Virginia		
42a	The organization's books are in care of ▶ Robert David Steele Telephone no. ▶ +1	(571)	320
	Located at ▶ 11005 Langton Arms Ct, Oakton, VA ZIP + 4 ▶	22124	-181
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Ye
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		
	Financial Accounts (FBAR).		
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	L
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year		
	-		Ye
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1	Γ
	completed instead of Form 990-EZ	44a	L
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		Γ
	completed instead of Form 990-EZ	44b	L
c	Did the organization receive any payments for indoor tanning services during the year?	44c	
ď			Г
_	explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Γ
b			Г
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		
	Form 990-EZ (see instructions)	45b	L

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·46	Did to c	the organization engage, directly or andidates for public office? If "Yes,"	indirectly, in political complete Schedule C	campaign activities	on b	pehalt of o	r in opposi	tion [40	Yes	No
Part	VI	Section 501(c)(3) organization All section 501(c)(3) organization	is only						46 es fo	or line	L.√ es
		50 and 51.									
		Check if the organization used So	chedule O to respond	to any question i	n thi	is Part VI	· · ·	• • •	<u> </u>	· ·	Ę
47	Did year	the organization engage in lobbying r? If "Yes," complete Schedule C, Pa	g activities or have a	section 501(h) elec	tion	in effect	during the		47	Yes	No
48	is th	ne organization a school as described						: F	48		7
49a	Did	the organization make any transfers	to an exempt non-cha	ritable related orga	ıniza	tion?		. 4	19a		Ż
50 50	Gen	es," was the related organization a simplete this table for the organization oloyees) who each received more that	section 527 organizations five highest compensations.	on?	other		ers direct	. [4	stee	s, an	√ d ke
		a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MiS	[(d) Health contributions	benefits, to employee and deferred	(e) Esti	mate		
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			4								
f	Tota	al number of other employees paid or	ver \$100.000					 			
f 51	Com	al number of other employees paid or openization	's five highest comp	ensated independe		ontractors	who each	receiv	red i	more	tha
	Com	al number of other employees paid or nplete this table for the organization 0,000 of compensation from the org	's five highest comp	ensated independe		ontractors	who each	ı receiv	red i	more	tha
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51	\$100 (a	nplete this table for the organization 0,000 of compensation from the org	s five highest compo anization. If there is no	ensated independe one, enter "None."	nt c						tha
51	\$100 (a	nplete this table for the organization 0,000 of compensation from the org	s five highest compo anization. If there is no	ensated independe one, enter "None."	nt c						tha
51	\$100 (a	nplete this table for the organization 0,000 of compensation from the org	s five highest compo anization. If there is no	ensated independe one, enter "None."	nt c						tha
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51	\$100 (a	nplete this table for the organization 0,000 of compensation from the org	s five highest compo anization. If there is no	ensated independe one, enter "None."	nt c						tha
Not Ap	Com \$100 (a	nplete this table for the organization 0,000 of compensation from the org a) Name and business address of each indepen-	n's five highest compount anization. If there is no ident contractor	ensated independe one, enter "None." (b) Type of s	ervice	9	(c)	Comper			tha
Not Ap	Com \$100 (a splicat	nplete this table for the organization 0,000 of compensation from the org a) Name and business address of each indepen- ble If number of other independent contri the organization complete Sched	n's five highest comprantzation. If there is no ident contractor actors each receiving ule A? Note: All se	onsated independence, enter "None." (b) Type of s over \$100,000 . ction 501(c)(3) on	nt control	zations m	(c)	Comper 0	satio	n	
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Department of the Transport Part of the State Part of State Pa	۱ '	(Form 990 or 990-EZ)			-	•	•	2017
Farth Intelligence Network Control Contr	4	Department of the Treasury triternal Revenue Service		► Atta	ch to Form 990 or Form	990-EZ.		
Reason for Public Charricy Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For ines 1 through 12, check only one box.) 1 Achard the complete of the complete of the complete the c	5		_					
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A school described in section 170(b)(1)(A)(B).	ا ّ			rity Status (All	organizations must	complete this		
2 A school described in section 170(htt)(A)(fil), Alteah Schedule E (Form 980 or 980-E2), 3 A hospital or a cooperative hospital service organization described in section 170(htt)(A)(fil), 4 A medical research organization operated in conjunction with a hospital described in section 170(htt)(A)(fil), 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(htt)(A)(fil), 6 A federal, state, or local government or governmental unit described in section 170(htt)(A)(fil), 7 An organization than ormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(htt)(A)(fil), Complete Part II.) 8 A community trust described in section 170(htt)(A)(A)(A)(Complete Part II.) 9 An agricultural research organization described in section 170(htt)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	6	The organization is no	ot a private founda	tion because it i	s: (For lines 1 through	12, check only	one box.)	G (1)
3	İ							1)0,
hospital's name, city, and state: S	7	3 A hospital or	a cooperative hos	spital service org	janization described in	n section 170(l)(1)(A)(iii).	,
S An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(A)(Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(A)(A) 7 An organization than complete organization described in section 170(b)(1)(A)(A)(A) 8 A community trust described in section 170(b)(1)(A)(A)(A) (Complete Part II.) 8 A normalization and organization described in section 170(b)(1)(A)(A)(A) (Complete Part II.) 10 An organization that organization described in section 170(b)(1)(A)(A)(A) (Complete Part III.) 11 An organization that complete organization described in section 170(b)(1)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	ا ،				onjunction with a hosp	oital described	n section 170(b)(1)(/	A)(iii). Enter the
6 A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.) 10 An arginularial mean and college of agricultural (see instructions). Einter the name, city, and state of the college or university or a non-land-grant college of agricultural (see instructions). Einter the name, city, and state of the college or university or a non-land-grant college of agricultural (see instructions). Einter the name, city, and state of the college or university or a non-land-grant college of agricultural (see instructions). Einter the name, city, and state of the college or university of a non-land-grant college of agricultural (see instructions). Einter the name, city, and state of the college or university of the college or university of the organization acceptions, and (2) no none shall great an adjust of the college or university of the organization acceptions, and (2) none name and press receipts from a government or support from grant acceptance and unrelated bundens to suspend from contributions, members in 11 tay from businesses acquired by the organization organization described values by the supported organization organization organization in section 509(a)(2). Complete Part III. (and 12): A none of the college or or more publicly supported organizations or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization organization and complete lines 12a, 12d, and 12g, and 12g by a language of the supported organization organization and complete part IV, Sections A and C. 10	°	5 An organiza	tion operated for t	the benefit of a	college or university	owned or oper	ated by a governme	ntal unit described in
7	9			•	mental unit described	in section 176	S-M1MANW	
8		7 🗍 An organizat	tion that normally	receives a subs	tantial part of its supp			om the general public
an agricultural research organization described in section 170(b)(1)(A)(b) operated in conjunction with a land-grant college or university: 10 An agricultural research organization described in section 170(b)(1)(A)(b) operated in conjunction with a land-grant college or university: 10 An organization that normally researce: (1) more than 33/95/6 of the support from gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) on more than 33/96/ of the support from gross investment income and unrelated business taxable income (less continued to a support from gross investment income and unrelated business taxable income (less certion 509(a)(4). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 13 Check the box in lines 12a through 12d that describes the type of supporting organization and properties or organization operated, supervised, or controlled by its supported organization (5) type (1) and 12d. 14 Type I. A supporting organization operated, supervised, or controlled to organization (5), by pically by giving the supporting organization (5) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(5), by a must complete Part IV, Sections A and B. 10 Type II functionally integrated A supporting organization operated in connection with its supported organization(6) that is not functionally integrated. A supporting organization operated in connection with its supported organization operated in connection with its supported organization(6) that is not functionally integrated. The organization operated in connection with its supported organization operated in connection with its supported organization(6) that is not functionally integrated. The organization operated in connection with its	10	l'			=	David II \		
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10	,,	9	ral research organi	zation described	in section 170(b)(1)	(A)(ix) operated	in conjunction with a	a land-grant college
receipts from activities related to its exempt functions—subject to cartain exceptions, and (2) no more than 33/a% of its support from gross investment income and unrelated business taxable income less section 501(a)(2), from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), Complete Part III, and no granization organized and operated exclusively to set for public safety. See section 509(a)(4). 12	11	or university	or a non-land-gra	nt college of agr	iculture (see instruction	ons). Enter the r	name, city, and state	of the college or
support from gross investment income and unrelated business taxable income (less section 509(a)(2), Composition 311 tax) from businesses acquired by the organization organizated and operated exclusively to test for public safety. See section 509(a)(2), See section 509(a)(2), See section 509(a)(2), See section 509(a)(3), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, an	12	10 An organizat	tion that normally r	eceives: (1) mor	e than 331x% of its su	apport from cor	ntributions, members	hip fees, and gross
11		support from	n aross investment	t income and un	related business taxai	ble income (less	s section 511 tax) from	m businesses
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requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e	18	d 🏻 Type III :	non-functionally i	ntegrated. A su	pporting organization	operated in co	nnection with its sup	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization about the supported organization (described on lines 1-10 above (see Instructions)) (ii) EIN (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type of organization (inses 1-10 above (see Instructions)) (iv) Amount of other support (see Instructions) (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type of organization (inses 1-10 above (see Instructions)) (iii) Type III non-functionally integrated supporting organization. (iii) Type III non-functions (iii) Type of organization (iii) Island in your government (insections) (iii) Type III non-functions (iii) Type of organization (iii) Island in your government (insections) (iii) Type III non-functions (iii) Type of organization (iii) Island in your government (insections) (iii) Type III non-functions (iii) Type of organization (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your government (iii) Island in your governmen								and an attentiveness
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g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions) (A) Not applicable (iii) (iii) Type of organization (described on lines 1-10 above (see instructions) (A) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (V) Amount of monetary support (see instructions) (D) Amount of monetary support (see instructions) (D) Amount of monetary support (see instructions) (D) Amount of monetary support (see instructions) (D) Amount of monetary support (see instructions) (D) Amount of monetary support (see instructions) (D) Amount of monetary support (see instruct	20				tionally integrated sur	oporting organi	zation.	
21 (described on lines 110 above (see instructions)) (A) Not applicable (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schodule A (Form 890 or 890-EZ) 2017	∠∪	g Provide the fo	llowing information	about the supp		,		· · L
22 (A) Not applicable (B) (C) (D) (E) (E) (Form 890 or 890-EZ) 2017	21	(i) Name of support	ed organization	(II) EIN	(described on lines 1-10	listed in your govern	ing support (see	other support (see
(A) Not applicable (B) (C) (C) (E) (E) Total For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 11285F Schodule A (Form 990 or 990-EZ) 2017				1	above (see instructions))			instructions)
23 (B) (C) (C) (D) (E) (E) (E) (E) (E) (E) (For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schodule A (Form 990 or 890-EZ) 2017	22	(4)		·		Yes No		
24 (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	<u></u>	Not applicable						
25 26 Total For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 11285F Schodule A (Form 990 or 990-EZ) 2017	23	(B)					· ·	
26 Total For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 890 or 890-EZ) 2017	24	(C)						
26 Total For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 890 or 890-EZ) 2017		(D)					+	
Total For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 11285F Schodule A (Form 990 or 990-EZ) 2017	25					<u> </u>		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 890 or 990-EZ) 2017	26							
27	20		ion Act Nation con	the instructions	or Form 000 or 000 ==			
28	27	. S. raperwork reduce	ACL HUUCU, 590	uis iibuscuviis i	o. roiii sao or sao- ⊵2.	Get. No. 11	zeor Schedule A	rom 490 or 990-EZ) 2017
	28		_			_		

	Sched	tule A (Form 990 or 990-EZ) 2017						Page 2
3	Par	Support Schedule for Organiza (Complete only if you checked the	ations Descr ne box on line	ibed in Sect	ions 170(b)(1 Part I or if the)(A)(iv) and 1	70(b)(1)(A)(v	1
4	Sec	Part III. If the organization fails to tion A. Public Support	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
		ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	//B Total
5	1	Gifts, grants, contributions, and	(4) 2010	(0) 2014	(6) 2013	(d) 2010	(e) 2017	/(f) Total
i		membership fees received. (Do not					تعرر	
4	1 .	include any "unusual grants.")						
6	2		5,507	78,413	25,553	13,087	191,260	313,820
7	. *	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,				pr. to	
1] 3	The value of services or facilities					,	
8		furnished by a governmental unit to the organization without charge				,		
	4	Total. Add lines 1 through 3	5,507	78,413	25,553	13,087	191,260	313,820
9	5	The portion of total contributions by		79,110	20,000	10,007	131,200	313,020
	ľ					1		
10		governmental unit or publicly			,			
- 1		supported organization) included on			, ,			
11		line 1 that exceeds 2% of the amount		i				
11	_	shown on line 11, column (f)						
10	<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						313,820
12			(-) 0040	0.100 (1	(4) 2010			
į.	7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
13			5,507	78,413	25,553	13,087	191,260	313,820
	8	Gross income from interest, dividends,		, '				
1		payments received on securities loans,		, ;				
14		rents, royalties, and income from		f				
	_	similar sources		<i>,</i>				
15	9	Net income from unrelated business activities, whether or not the business		<i>:'</i>				
		is regularly carried on		/				
16	10	Other income. Do not include gain or						
10		loss from the sale of capital assets		,			J	
		(Explain in Part VI.)		<i>f</i>			1	
17 H	11	Total support. Add lines 7 through 10						
	12	Gross receipts from related activities, etc.	/200 instruction					313,820
10	13	First five years if the Form COO is for the	(See Haudcuc	RIS)		· · · · · L	12	0
18		First five years. If the Form 990 is for the organization, check this box and stop her	e organization	s first, second	a, tnira, tourtn	, or fifth tax ye	ar as a section	1 501(c)(3)
	Sect	tion C. Computation of Public Suppor		<u> </u>	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · • 🗀
19 H	14	Public support percentage for 2017 (line 6	rercentage	5 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	4 1 (0)			
- []	15	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch	o, coluinn (t) di	rided by line 1	ı, column (1))	1	14	100 %
20 11	16a		reduie A, Part i	i, line 14 .		: : : :	15	100 %
20	100	box and stop here. The organization qual	ifice oe a publi	check the box	on line 13, an	a line 14 is 33	'/3% or more,	check this
- 11	b	331m% support test 3046 if the commit	ines as a publi	cly supported	organization			▶ 🗸
21		this box and stop here. The organization	qualifies as a p	publicly suppor	rted organizatio	on		▶ □
	17a	10%-facts-and-circumstances test - 20	17. If the orga	nization did n	ot check a box	on line 13 16	sa or 16b and	line 14 is
22 II		10% or more, and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this hox a	nd stop here	Evolain in
- []		Part VI how the organization meets the "	facts-and-circ	ımstances" te	st. The organiz	ation qualifies	as a publicly	supported
22 11		organization						▶ □
23	b	10%-facts-and-circumstances test -20	16. If the aras	nization did n	ot check a ho	on line 13 11	Sa 16h or 17	and line
		15 is 10% or more, and if the organization	tion meets the	facts-and-c	ircumstances"	test check ti	his hox and e	ton here
24		Explain in Part VI how the organization in	eets the "fact	s-and-circums	tances" test. 1	The organization	n qualifies as	a oublicly
		supported organization						P 🗀
ا ء	18	Private foundation. If the organization did	i not check a l	oox on line 13.	16a 16b 17a	or 17h check	this hox and s	
25		instructions					son and s	▶ []
- 11							dule A (Form 990	
26 II						GCIR		01 000-med 90/1/

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SCHEDULE O (Fprm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Earth Intelligence Network

	1 20-0230310
:	No rent or utilities are claimed - this non-profit has no employees and is run out of a home office in Fairfax VA. Modest miscellaneous
•	compensation is drawn when possible on a 1099 basis, and taxes paid online. Donations comprise 90% of revenue (98% has been norm).
	All cash donations are deposited immediately and on an individual basis; online donation channels in 2017 were two: PayPal and
	IndiegoGo/Generosity. Robert David Steele personally balances the books every day against the online banking statement, in the case of the
	#UNRIG election reform project, expenses were posted weekly online and can be viewed at https://www.unrig.net/budget-report/.
	2017 was a break-out year, UNTIL the non-profit was ruthlessly attacked. 2017 saw Earth Intelligence Network (EIN) grieviously attacked with
	deliberate persistent defamatory campaigns across the internet focused on destroying our fund-raising business and our ability to gain
	attention to our cause. This was so bad that a federal lawsuit had to be filed and can be viewed (both the original and the 97-page
	amended complaints), at http://tinyurl.com/Steele-vs-Goodman. Note: Legal counsel retained on contingency basis. No legal fees paid.
	PART I Line 2 is a US Army Strategic Studies contract for three educational monographs consistent with the purpose of the organization,
	and can be viewed at http://tinyurl.com/Steele-GOARMY, each monograph representing holistic thinking and true cost economics. Over the
	history of the organization, contracts versus donations have been less than 2% of the total income going back to 2007.
	PART I Line 8 is royalties from Amazon for Amazon Kindle and CreateSpace publications published by Earth Intelligence Network EIN).
	PART I Line 10 (Grants), Grants of \$6,153 were experimental in nature and comprised less than 3% of total expenses.
	#UNRIG Project Grants totalled \$4,902 and were given to six alternative media channels and one minority advocacy group: Victuras Libertas
!	(\$2,600); Business Game Changers (\$1,522); Blacks Better Future (\$500); Body Language (\$150); Zero Hedge (\$100); and Reddit (\$29.99).
9	OSINT Project Grants totalled \$400 and consisted of \$250 to the Collective Intelligence Institute and \$150 to The Mind Unleashed.
•	
ļ	Pedophilia Project Grants totalled \$850 and consisted of \$600 to the author of Pedophilia & Empire; and three foreign donations in the
1	amounts of \$101 to an author in the UK, \$100 to Reality Calls in the UK, and \$50 to The Guardian newspaper in the UK.
•	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule 0 (Form 990 or 990-EZ) (2017)

•	Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page Employer Identification number
	Earth Intelligence Network	20-8286516
_	Part I Line 13 (Services) include \$8,500 for the professional wrap of the RV for the national road tou	rr, \$850 for changes and repairs to the
-	original wrap, and \$800 for removal of the wrap and restoration of original skin for return of the RV	
• ;	and independent contractors totalled \$16,823 within the reported total in Part I Line 13 of \$26,973. P	
	PART I Line 16 (Other Expenses)	
	At the highest level, \$97,998 is comprised of Travel (\$65,618), Other Services (\$11,319), Supplies (\$2,000)	3,181), Meals (\$5,949), Internet (\$5,976),
	and Parking (\$955).	
	Within travel expenses are included a used RV for five months (\$30,301); airlines (\$16,578), hotels a	nd PV companying (\$7.241) and 8 all
	inclusive of 9,000 mile national tour with the RV (\$5,630), RV/auto repairs and services (\$2,972), group	
	(\$1,281), rental vehicles (\$1,215), tolls (\$313), and miscellaneous such as RV dumping fees (\$85).	
	Within other services are included press releases (\$4,112), advertising (\$1,263), RV insurance (\$2,50	
	to have a reserved space (\$1,057), subscriptions (\$389), conference fees (\$99), and various tradema-	rk, licensing, and other fees (\$1,241).
	Within supplies are included RV-unique equipment including an RV cover, hoses, bedding, utensils	(\$2,572), office equipment including a
	stand-alone AC and heater (\$3,367), #UNRIG polo shirts for wear and presentation along route (\$1,01	
	and construction supplies for installation of stand-alone AC in home office (\$289).	
	Within Internet expenses are included multiple Internet Service Providers (ISP) providing security, s	torage, processing, and inter-operability
	including robust back-up for two complex websites and multiple minor websites under development	and portable telecommunications
	at a commercial grade able to support up to four laptops at commerical speeds from one smart phon	e anywhere in the world.
	Complete information about Robert David Steele, who has no pensions or employment is at http://rol	pertdavidsteele.com.
	END Schedule O (three pages including attachment)	***************************************
		Schedule O (Form 990 or 890-EZ) (2017)